L22000229542

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Constitution to Filip Officer
Special Instructions to Filing Officer:
J. HORNE
AUG 1 9 2022
2022

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06/07/22-01029-025 **75.00

FILED
2022 JUNI -7 AM 10: 47
SECRETARY OF SE

COVER LETTER

TO:

TO: Registra Division				
		LATANIA DR, LLC		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespon	dence concerning this matter	to the following:	
		LATONIA BOYKINS		
			Name of Person	11 10 10 10 10 10 10 10 10 10 10 10 10 1
			Firm/Company	
		2601 CAMPUS HILL DRI		
			Address	
		TAMPA, FL 33625		
		-	City/State and Zip Code	
		anniesalftampa@gmail.com	to be used for future annual repo	net notification
For further inform	ation cor	ncerning this matter, please ca		THOUSE CHANGE
LATONIA BOYE	KINS		813 494-71 at ()	16
	Name of I	Person		Daytime Telephone Number
Enclosed is a chec	k for the	following amount:		
≘ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A			Street Addre	
Registra Division		rporations	Registratio Division o	f Corporations
P.O. Bo	x 6327		The Centre	e of Tallahassee
Tallaha	ssee, Fl	L 32314	2415 N. M	Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTUNA AMIO: 48

ANNIE'S AT LATANIA DR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The transfer of Significant and the same of the same o	were filed on 65/10/2022	and assigned
Florida document number 1.22000229542		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u>	
New Registered Office Address:	Enter Florida street address	
	, Floi , City	rida Zip Code
	Cny	
New Registered Agent's Signature, if changing Registered Agent:	City	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANNIE'S ALF HOLDINGS, LLC	2601 CAMPUS HILL DRIVE	□Add
		TAMPA, FL 33612	Remove
			□Change
AMBR	LATONIA BOYKINS	2601 CAMPUS HILL DRIVE	Add
		TAMPA, FL 33612	□Remove
			□ Change
			□Add
•			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Stretz: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as didocument's effective date on the Department of State's records. The executed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. Dated Matthew A. Kassel, Esquire Matthew A. Kassel, Esquire		
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